

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/533448

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				1		
3				2		
4				1		
5					1	
6					1	
7					1	
8					1	
9					1	
10					1	
11					1	
12				1		
13				1		
14				1		
15			1			
16			1			
17			2			
18			1			
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49						
50						
TOTAL IND.			2			
TOTAL DEP.	←	20	←		←	
TOTAL CLAIMS		22				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
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100						
TOTAL IND.				↓		
TOTAL DEP.	←			↓		
TOTAL CLAIMS		22		↓		